

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kevin Carl Archibald et al. :  
Serial No.: 09/683,783 : Group No.: 3626  
Filed: February 13, 2002 : Examiner: Pass, Natalie  
For: SYSTEM, METHODS, AND :  
MEDIUM FOR FACILITATING :  
PROVIDING A QUOTE :

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL**

1. Transmitted herewith is:
1. Amendment Transmittal (3 pages)
  2. Amendment (23 pages)
  3. Request for Continued Examination (3 pages)

**STATUS**

2. Applicant
- ☐ claims small entity status.
- ☒ is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.  
(complete (a) or (b), as applicable)

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 120.00	\$ 60.00
_____ second month	\$ 460.00	\$ 230.00
_____ third month	\$ 1,050.00	\$ 525.00
_____ fourth month	\$ 1,640.00	\$ 820.00
_____ fifth month	\$ 2,230.00	\$1,115.00

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

\_\_\_\_\_ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$\_\_\_\_\_

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMDT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE		ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS		=	x \$25.00 = \$		x \$50.00 = \$
	MINUS		=	x \$100.00 = \$		x \$200.00 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$180.00 = \$		+ \$360.00 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ \_\_\_\_\_

### FEE PAYMENT

5. Attached is a check in the sum of \$ \_\_\_\_\_
- ☐ Charge Deposit Account No. 01-2384 the sum of \$ \_\_\_\_\_.  
A duplicate of this transmittal is attached.

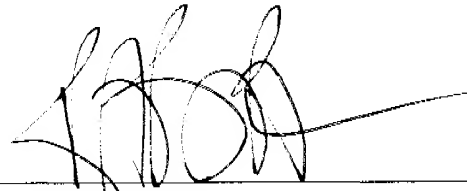
### FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. ☐ Other:



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